ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *179*
Registered No. *333*

1. PLACE OF BIRTH

County *Gila* State *Arizona*

District or Township _____ or Village *Inspiration*

City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution give its NAME instead of street and number)

2. Full name of child *Kathrine Elizabeth McGregor* { If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate?	7. Date of birth
Female		5. No., in order of birth *5*	*Yes*	*July 25 1928* Month Day Year

8. FATHER	14. MOTHER
Full name *Ray McGregor*	Full maiden name *Noble Jones*
9. Residence (Usual place of abode) *Inspiration ariz* If non-resident, give place and state.	15. Residence (Usual place of abode) *Inspiration arizona* If non-resident, give place and state.
10. Color or race *White* 11. Age at last birthday *38* (Years)	16. Color or race *White* 17. Age at last birthday *33* (Years)
12. Birthplace (city or place) (State or country) *Nebraska*	18. Birthplace (city or place) (State or country) *Indiana*
13. Occupation *Draftsman* Nature of industry *Mining*	19. Occupation *Housewife* Nature of industry

20. Number of children of this mother *5* (Taken as of time of birth of child herein certified and including this child).	(a) Born alive and now living *4* (b) Born alive but now dead *1* (c) Stillborn *None*	21. Were precautions taken against ophthalmia neonatorum. *Yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was *alive* at *one* *P* m. on the date above stated.
(Born alive or stillborn)

{ * When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature *John Hagan M.D.*

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address _____

Filed *July 31*, 19*28* *R. E. Irvin*

Registrar. Registrar.

247 - 725 - 412